Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                                   |                      |   |                                    |            | SMALL ENTITY TYPE |                        | OR       | OTHER THAN<br>OR SMALL ENTITY |                        |
|--|--|---|-----------------------------------|----------------------|---|------------------------------------|------------|-------------------|------------------------|----------|-------------------------------|------------------------|
| TOTAL CLAIMS   |  |   | 40                                |                      | , |                                    |            | TE                | FEE                    |          | RATE.                         | FEE                    |
| FO   |  |   | NUMBER FILED                      |                      | NUMBER EXTRA                            |                                    | .          | C FEE             | 385.00                 | OR       | BASIC FEE                     | 770.00                 |
|  |  | DIE CLAIMS                                  | 11/                               |                      | *                                       |                                    | ·          | 9=                |                        | OR       | XS18=                         |                        |
|  | TAL CHARGEA                                    | ·   | HOminus 20=                       |                      | *                                       |                                    |            |                   |                        | OH       |                               |                        |
| INDEPENDENT CLAIMS   |  |   |                                   | minus 3 =            |   |                                    | X          | 3=                |                        | OR       | X86=                          |                        |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM PF                               | RESENT                            | ·                    |   |                                    | +1         | 45=               |                        | OR       | +290=                         | ·                      |
| * If   | the difference                                 | in column 1 is                              | less than zero, enter "0" in colu |                      |   | olumn 2                            | TO         | TAL               |                        | .OR      | TOTAL                         |                        |
|  | •  | _AIMS AS A                                  |                                   |                      | TII                                     |                                    |            | SMALL ENTITY      |                        | on<br>On | OTHER<br>SMALL                |                        |
| A TN   |  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |                                   | HIGH<br>NUM<br>PREVI | ⊕≲i<br>IBER                             | PRESENT<br>EXTRA                   | R/         | \TE               | ADDI<br>TIONAL<br>FEE  |          | RATE                          | ADDI<br>TIONAL<br>FEE  |
| AMENDMENT A  | Total  | . 3   | Minus                             | 4                    | 10                                      | a                                  | XS         | 9=                |                        | OR       | X\$ 8=                        |                        |
|  | Independent                                    | * 1   | Minus                             | ***                  | 4                                       |                                    | X          | 13≔               |                        | OR       | X86=                          | . ]                    |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                   |                      |   |                                    |            | 45= ·             | (                      |          | +290=                         |                        |
|  |  |   |                                   |                      |   |                                    |            | TOTAL<br>T FEE    |                        | OR       | TOTAL<br>ADDIT FEE            |                        |
|  |  | (Column 1)                                  |                                   |                      | imu 2)<br>HEST                          | (Column 3)                         | ·          |                   | ADDI:                  | 1        |                               | ADDI-                  |
| AMENDMENT B  |  | REMAINING<br>AFTER<br>AMENDMENT             |                                   | PREV                 | MBER<br>IOUSL*<br>D FOR                 | PRESENT EXTRA                      | R.         | ATE.              | TIONAL<br>FEE          | 1        | RATE                          | TIONAL<br>FEE          |
|  | Total  | *   | Minus                             | **                   |   | <u> </u>                           | , X:       | 5 9:              |                        | OR       | X\$18=                        |                        |
|  | Inaependent                                    | *   | Minus                             | ***                  |   | . =                                | X          | 43=               |                        | OR       | X86=                          |                        |
| ⋖  | FIRST PRESE                                    | ULTIPLE DEI                                 | PENDEN                            | IT CLÁIM             |   |                                    |            | †                 |                        | +290=    |                               |                        |
|  |  |   |                                   |                      |   |                                    | • 1        | :45=<br>TOTAL     |                        | OR       | L                             | L                      |
|  |  |   |                                   |                      |   |                                    | ADD        | IT FEE            | L                      | TOH      | ADDIT FE                      | E.L                    |
|  |  | (Column 1)                                  |                                   |                      | ımn 2)                                  | (Column 3)                         | 1          |                   |                        | 7        |                               |                        |
| AMENDMENT C  | `  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                                   | NUI<br>PREV          | HEST<br>MBER<br>NOUSLY<br>D FOR         | PRESENT<br>EXTRA                   | R          | ATE               | AUDI-<br>TIONAL<br>FEE |          | RATE                          | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                             | **                   |   | =                                  | ]   x      | \$9=              | ſ                      | OF       | X\$18=                        |                        |
|  | Independent                                    | *   | Minus                             | ***                  |   | = .                                | ]          | 43=               |                        | OF       | X86=                          |                        |
|  | FIRST PRESE                                    | NTATION OF M                                | IULTIPLE DEPENDEN                 |                      | IT CLAIM                                |                                    | ]  -       |                   |                        | 1        | 000                           |                        |
|  |  |   |                                   |                      |   |                                    |            | 145=              |                        | OF       |                               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |   |                                   |                      |   |                                    |            |                   |                        | OF       | ADDIT. FE                     | E                      |
| **   | *If the "Highest Nu<br>The "Highest Nur        | imber Previously I<br>nber Previously P     | aid For" IN Thaid For" (Total o   | or Indeper           | c is less th<br>ndent) is th            | ian 3, enter 3.<br>ne highest numb | er found i | n the a           | ppropriate b           | ox in    | column 1.                     |                        |